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DATE: July 15, 2005

PLEASE DELIVER THE FOLLOWING PAGES:TO: COMMISSIONER OF PATENTS FAX: (571) 273-8300
Examiner: David P. TUROCY

Art Unit: 1762

FROM: K. Scott O'Brian Direct Dial: (717) 237-5492

TOTAL NUMBER OF PAGES, INCLUDING THIS COVER LETTER: 4

MESSAGE:

Please acknowledge receipt of documents.

Transmittal Form
Status Request (1 page)
Certificate of Fax TransmittalAttorney Docket No.: 13DV-14289 (07783-0168-01)
Application No.: 10/757,123
Filed: January 14, 2004

FAX NUMBER: (717) 237-5300

PARALEGAL RESPONSIBLE: Kimberly A. Newell TELEPHONE: (717) 237-5239

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TRANSMITTAL
FORM

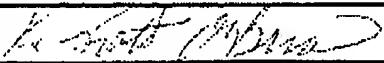
(to be used for all correspondence after initial filing)

TRANSMITTAL FORM		Application Number	10/757,123
		Filing Date	January 14, 2004
		First Named Inventor	LENKNER et al.
		Art Unit	1762
		Examiner Name	David P. TUROCY
Total Number of Pages in This Submission	4	Attorney Docket Number	13DV-14289 (07783-0168-01)

ENCLOSURES (check all that apply)

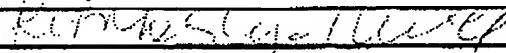
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Certificate of Fax Transmittal
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.62 or 1.63		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	McNees Wallace & Nurick LLC K. Scott O'Brian, Attorney Reg. No. 42,946
Signature	
Date	July 15, 2005

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Date	July 15, 2005

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CENTRAL FAX CENTERAttorney Docket No. 13DV-14289 (07783-0168-01)
Application No.: 10/757,123

JUL 15 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: LENKNER et al.

Application No.: 10/757,123 Group Art Unit: 1762

Filed: January 14, 2004 Examiner: David P. TUROCY

For: METHOD TO MANUFACTURE SPECTRAL PIGMENT

Commissioner for Patents.
P.O. Box 1450
Alexandria, VA 22313-1450STATUS REQUEST

Sir:

Please provide the status on the subject application, Application Number 10/757,123, filed January 14, 2004. According to PAIR, this application was Docketed as a new case and ready for examination as of April 27, 2004.

We respectfully request a report on the status of the application.

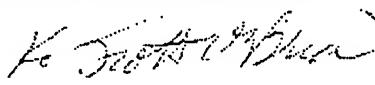
The Commissioner is hereby authorized to charge any additional fees and credit any overpayments to Deposit Account No. 50-1059.

Respectfully requested.

Dated: July 15, 2005

McNees, Wallace & Nurick LLC

By:



K. Scott O'Brian
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P.O. Box 1166
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PTO/SB/97 (08-03)

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Transmittal Form

Status Request (1 page)

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Attorney Docket No.: 13DV-14289 (07783-0168-01)

Application No.: 10/757,123

Filed: January 14, 2004

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